

Horizon E & S Insurance Brokerage
 875 S. Westlake Blvd., Suite 218
 Westlake Village, CA 91361
 Tel: (805) 494-6553 Fax: (805) 494-6778

TRADESMEN+ SUPPLEMENTAL QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS. IF NOT APPLICABLE STATE N/A

(Attach additional paper as necessary)

*UNANSWERED QUESTIONS, HEREIN, OR IN THE ACCOMPANYING ACORD 125 & 126,
 MAY RESULT IN A DECLINATION OF THE APPLICANT.*

Applicant (Principal/Owner) Name: _____

Applicant's DBA: _____

CA Contractor's License(s) Number(s): _____

States you have operated in over the past 10 Years: _____

List any Other Business Name(s) &/or License(s) active or inactive in the past 10 years:

Towns & Counties within which you normally work: _____

Of Additional Insured Endorsements to your Liability Coverage in past 12 months: _____

Of Certificates issued for your Liability Coverage in past 12 months: _____

Allocate the Percentage of work performed over the past three years, must total 100%

	RESIDENTIAL	COMMERCIAL
New Construction	_____ %	_____ %
Remodel/Repair	_____ %	_____ %
Other	_____ %	_____ %

INDICATE % OF *RESIDENTIAL* WORK PERFORMED IN THE PAST 5 YEARS:

Type	New	Repair or Remodel	Number of	Max Value Per Bldg
Single Fam-Custom Hme			Homes	\$
<input type="checkbox"/> Apartment			Units/Blgs	\$
<input type="checkbox"/> Assist Living				
<input type="checkbox"/> Condo			Units/Bldgs	\$
<input type="checkbox"/> Senior Housing				
Townhouse			Townhouses	\$
Residential Tract			Homes/Subdivision	\$
Student Housing			Units/Bldgs	\$

INDICATE % OF *COMMERCIAL* WORK PERFORMED IN THE PAST 5 YEARS:

Type	New	Repair or Remodel	Number of Projects	Max Value Per Bldg
<input type="checkbox"/> Retail <input type="checkbox"/> Private Office				\$
<input type="checkbox"/> Medical <input type="checkbox"/> Surgical				\$
School				\$
Clean Room				\$
Industrial Mfg				\$
Airports				\$
Petro/Chemical Plant				\$

Use the Remarks Section of the ACORD 125 and/or 126 to:

Explain All Yes Answers

- | | | |
|--|------------------------------|-----------------------------|
| 1. Any License Authority ever taken action against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you/will you be involved with any Wrap-Up, OCIP, CCIP projects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you/will you do any demolition work (other than incidental interior non-load)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you collect certificates from all subcontractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you/will you ever build a home from the ground up? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Have you/ will you allow your license to be used by other contractors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Have you/will you build on hillside, terraced, landfill or subsidence areas? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you/will you be involved with any blasting work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you/will you perform synthetic stucco (EIFS) install and/or repair work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Have you/will you subcontract any EIFS work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Have you/will you perform any work at heights 4 floors or higher? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Do you own, rent or subcontract any cranes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you rent or lease any other mobile equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you own, rent, subcontract scaffolding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Have you/will you perform or subcontract any work 8' below grade? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Have you/will you do any shoring, underpinning, cofferdam or caisson work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Have you/will you do any mold remediation work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Have you/will you do any fire or water restoration work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Have you/will you do any asbestos, PCB, or other hazardous material removal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Have you/will you remove or work on fuel tanks or pipelines? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Have you/will you be subject to Longshore/Harbor Worker/Jones Maritime Act? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Have you/will you do work involving Condominium or Townhouse Developments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Have you/will you do work involving Apartment Buildings/Projects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Have you/will you do work involving Duplex, Triplex, Fourplex, or Patio Homes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Have you/will you do work in any new Tract Developments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Have you/will you do work in any new Assisted Living Developments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Have you/will you do work in converting apartments to condominiums? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Have you/will you install/repair overhead garage doors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you/will you install/repair Foundations or Chimneys? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Have you/will you install/repair any Boiler system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Have you/will you install/repair any Roofing system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Have you/will you perform any waterproofing operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Have you/will you do any Below Grade Excavation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Have you/will you do any work involving Prefab Steel Construction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. Have you/will you do any installing/repairing/servicing elevators or escalators? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. Have you/will you do any work involving fiber optic cable installation/repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. Have you/will you do any work involving recreation or playground construction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. Have you/will you install/service/repair/monitor safety or security systems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. Have you/will you do any application of pesticide/herbicide or other chemicals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 40. Have you done any pool construction in new Condominiums in the past 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| a) in new Town Homes in the past 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) in new tract home projects in the past 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. Will you do swim pool construction on new condos, town homes, or tract homes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. Do you manufacture any product that you sell or install? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. Do you sell or install diving boards or water slides? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 44. Do you sell or install saunas, steam rooms, or tanning beds? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 45. Do you install pools in indoor facilities/upper floors/or on rooftops? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 46. Do you use any type of blasting or explosives? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 47. Do you provide any pool management services (i.e. lifeguards, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 48. Do you do any chemical sedimentation pond/retention pond or artificial lake work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 49. Do you lease employees from others or to others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 50. Have you/will you perform operations not described in this questionnaire? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

51. Please describe your procedures regarding subcontracted work.

Do you require subcontractor's to provide certificate of insurance? Yes No

Do you require subcontractor's to carry limits equal to your own? Yes No

Do you require subcontractor's to name you as additional insured? Yes No

Do you require subcontractor's to provide hold harmless for liability? Yes No

Indicate the type of subcontractor agreement typically signed: AGC/AIA Stand. Agreement

Custom (Attach A Copy)

Has your firm been named in a lawsuit, of any nature, during the last 10 years? _____ If yes, describe:

Are you aware of any existing circumstances that may result in a claim not previously reported or indicated on a loss run? _____ If yes, please explain:

Are you in negotiation with any Construction Project Owner, Developer, General Contractor or others in conjunction with alleged Construction Defects? _____ If yes, explain in detail:

Have you ever been replaced on a job or project in progress? _____ If Yes, please explain:

Describe Your Four Largest Projects Over The Past Four Years:

Location	Job Description	Job Cost	Start/Finish Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Please List Three (3) References that You have Completed Work for:

Name	Telephone #	Job Description
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What Insurance Company Currently Provides The Following Coverage :

COVERAGE	INSURANCE COMPANY	POLICY # / EFFECTIVE DATE
Workers Compensation	_____	_____
Automobile Liability	_____	_____
Contractors Equipment	_____	_____

This application includes the following attachments:

Explain Any No Answer

- ACORD 125 (2006/08) Yes No
- ACORD 126 (2005/08) Yes No
- 5 YEAR PRIOR HISTORY Yes No
- CC OF CONTR LICENSE(S) Yes No
- FINANCIAL STATEMENTS Yes No
- WORK IN PROCESS LIST Yes No
- SCHEDULED WORK Yes No
- SAMPLE WARRANTY Yes No
- OTHER: _____

Producer's Signature

Date

Applicant's Signature

Date